DOCUMENT RESUME

PS 025 568 ED 437 144

California: The State of Our Children. Report Card '95 [and] TITLE

Supplement.

Children Now, Oakland, CA. INSTITUTION

Annie E. Casey Foundation, Baltimore, MD. SPONS AGENCY

1995-00-00 PUB DATE

73p.; For 1993 data supplement, see ED 372 853; for the '96 NOTE

Report Card and Supplement, see PS 025 569.

Numerical/Quantitative Data (110) -- Reports - Descriptive PUB TYPE

MF01/PC03 Plus Postage. EDRS PRICE

Academic Achievement; Adolescents; Birth Weight; Births to **DESCRIPTORS**

Single Women; *Child Health; Child Welfare; *Children; Crime; Day Care; Delinquency; Demography; Early Parenthood; Economically Disadvantaged; Elementary Secondary Education; Foster Care; Homeless People; Hunger; Immunization Programs;

Infant Mortality; Infants; Mortality Rate; One Parent

Family: Preschool Education; *Social Indicators;

Socioeconomic Status; *State Surveys; Statistical Surveys;

Substance Abuse; Tables (Data); Trend Analysis; Unemployment; Violence; *Well Being; Youth Problems

Arrests: *California; Child Mortality; *Indicators; Out of **IDENTIFIERS**

Home Care

ABSTRACT

This report card and its supplement summarize the Kids Count data book for 1995, which profiled statewide trends in the well-being of California's children. The report card findings indicate that California ranks at the bottom among the 50 states in fostering the healthy development of children. The report card proposes the passage of the Children's Accountability Act to track funding and serve children through accountability of elected representatives and public agencies. The supplement to the report card begins with an introduction to the indicators showing improvement and those showing worsening conditions since 1994. Section 2 provides detailed data findings, including state benchmarks chart, key findings, and data highlights. Section 3 provides recommendations supporting adoption of the Children's Accountability Act. Section 4 provides summary conclusions on addressing the problems faced by California's children. Section 5 provides summary data on the following benchmarks: (1) family economics issues such as hunger, homelessness, and poverty; (2) teen opportunity issues such as births, substance abuse, unemployed youth, and incarcerated juveniles; (3) safety issues, including child abuse and neglect; (4) health issues such as prenatal care, immunizations, uninsured children, and mental health; and (5) education issues, including dropout rate, student/teacher ratio, and reading and math skills. (SD)



GALIFORNIA: THE STATE OF OUR CHILDREN

Family Economics

Opportunity 59

Safety

Health

Education

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Report Card '95 was prepared by Children Now in conjunction with a panel of distinguished Californians:

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Delaine Eastin State Superintendent of Public Instruction

Bob Fisher Chief Financial Officer, The Gap

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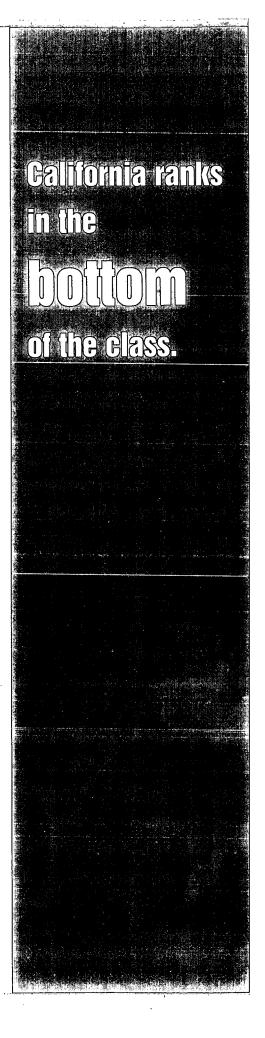
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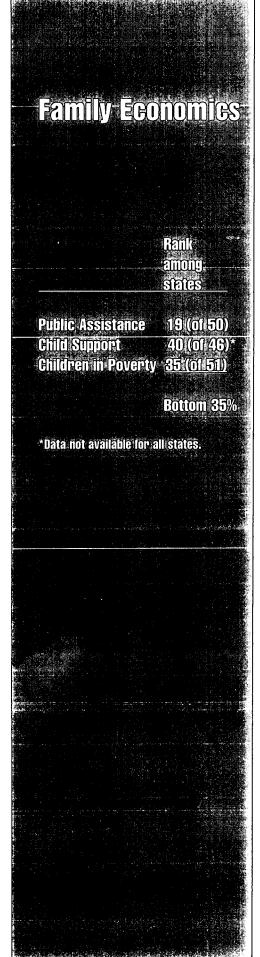
Chang-Lin Tien Chancellor, University of California, Berkeley



The findings in California Report Card '95 show that California ranks in the bottom of the class among the 50 states in fostering the healthy development of our children. Millions of California's children face too many obstacles and have too little financial and social support to thrive.

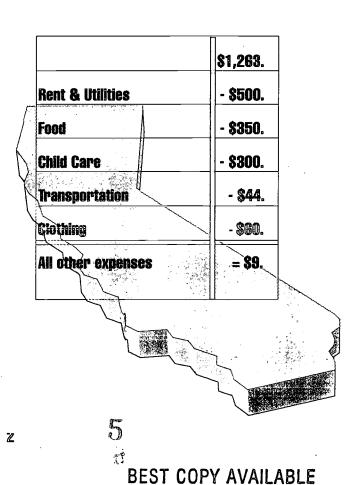
California can begin to turn the tide for children in 1995. The year ahead presents us with a critical challenge and an opportunity to re-examine how we provide health, education and social services for kids. As Congress and our state Legislature consider significant changes in how the public sector fulfills its role, we must look out for children's well-being first and foremost, and ensure that every child has the opportunity to fulfill his or her potential.





A record number of California children (2.7 million) are living in poverty. The percentage of children living in poverty (less than \$15,150 yearly income for a family of four in 1995) is the highest ever recorded (28.6%) since the state began tracking this measure in 1976.

<u>A typical houshold budget for a family of four living in poverty -- \$1,263./month or less:</u>





- ☐ More than one in four

 California children live in

 poverty. Poor children are

 more likely to die in infancy,

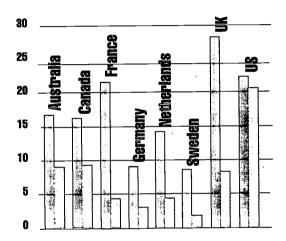
 become ill in childhood, fall

 behind a grade in school and

 drop out of school.
- ☐ Effective child support
 enforcement can end poverty
 for many children. Yet, in
 California, just 37% of the
 more than 480,000 cases due
 payment in September 1994
 actually received some amount.

U.S., other nations comparisons:

☐ Child poverty rates☐ After tax and transfer policy

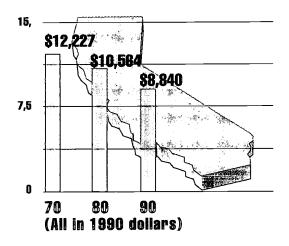


☐ American children are twice as likely to be poor as British children, 4 times as likely to be poor as French children, and 7 to 13 times more likely to be poor than German, Dutch and Swedish children.

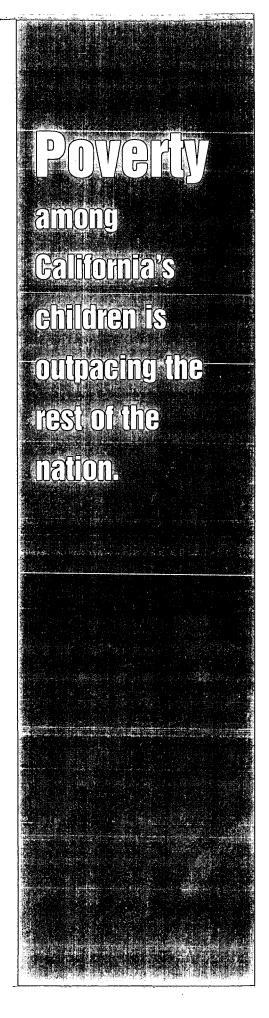


Wages have been decreasing over the past two decades.

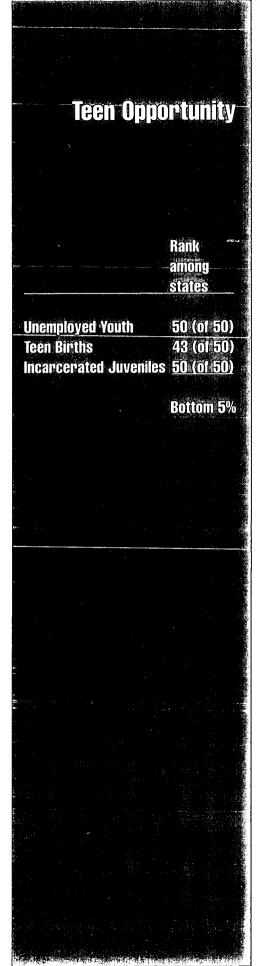
The minimum wage in California has fallen significantly in value:



- ☐ Working full-time still leaves some families in poverty. Poor children's families earn twice as much from work as they receive from welfare.
- ☐ Nationwide in 1989, nearly two-thirds of all poor families with children had one or more family members who worked.



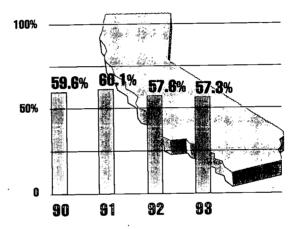




California's youth need much more support to help them get on the right track toward productive adulthood. In addition to limited job prospects, increasing numbers of young people face the daunting challenge of teen parenthood.

- ☐ In 1992, over 70,000 babies
 were born to teenage girls in
 California. Teen parenthood
 increases the likelihood that
 both the mother and child will
 struggle with long-term poverty.
- ☐ Fewer than one-half of all young male workers (ages 20-24) and fewer than one-fourth of young black male workers earn enough to support a family of three above the poverty line.

College bound youth:

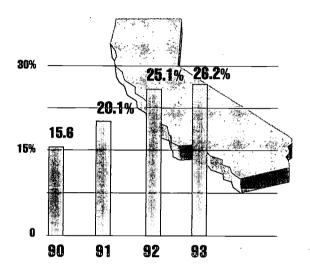


- ☐ Each year, about 100,000 California high school graduates do not go directly to college.
- ☐ A 1990 nationwide survey found that only 25% of high school counselors spent 30% or more of their time helping students with occupational choices or career planning, and only 4% spent 30% or more of their time helping work-bound students find jobs.

10



Youth unemployment:

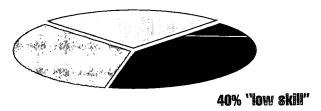


☐ Five out of six job applicants in the U.S. are rejected because they cannot read or write adequately, according to a 1992 survey of 400 member companies of the National Association of Manufacturers.

R

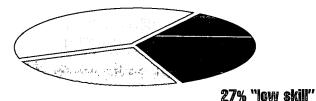
U.S. jobs in 1984:

24% "high skill"



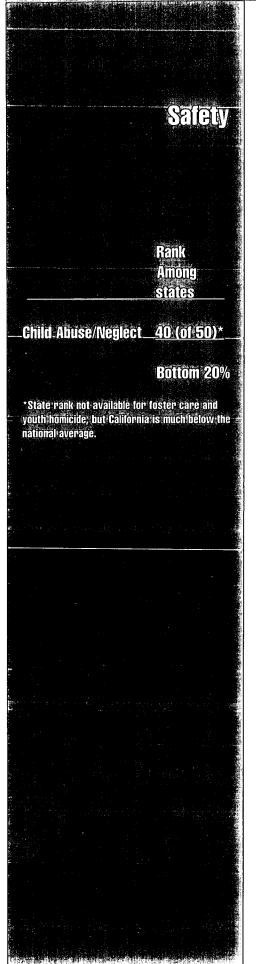
U.S. jobs created between 1984 - 2000:

41% "high skill"



☐ Among young adults ages 20-24, high school dropouts earned 42% less in 1986 than in 1973, while high school graduates without a college education earned 28% less.

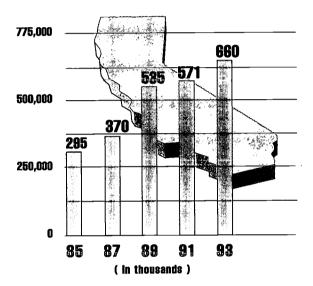
m 1998, California had the highest teenage unemployment rate in the nation at



The rise in reports of child abuse and neglect has led to increasing numbers of children in foster care.

- \square Reports of abuse against California children have more than doubled since 1985.
- \square In the last three years in California, foster care placements have risen over 14%; today, 94,000 children are in foster care.

Child abuse reports:



☐ Comprehensive research by the National Institute of Justice found that childhood abuse increased the odds of future delinquency and adult crimnality by 40%.

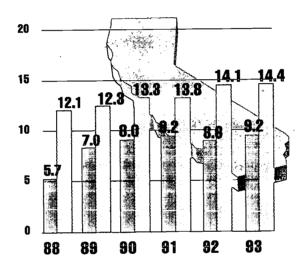


Increasing numbers of California children are victims of homicide.

Youth homicide rate vs. adult homocide rate:

The homicide rate is the number of homicides per 100,000 persons.

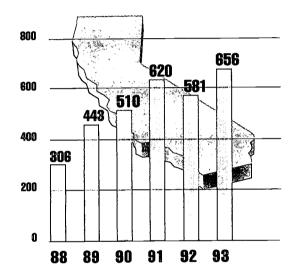
% Increase 61% 19% ... Children ... Adults



☐ In 1993, 857 California children, the equivalent of more than 25 classrooms, were victims of homicide.

The rate of homicides perpetrated against children in California is 59% higher than in the rest of the nation.

Child firearm homicide victims:

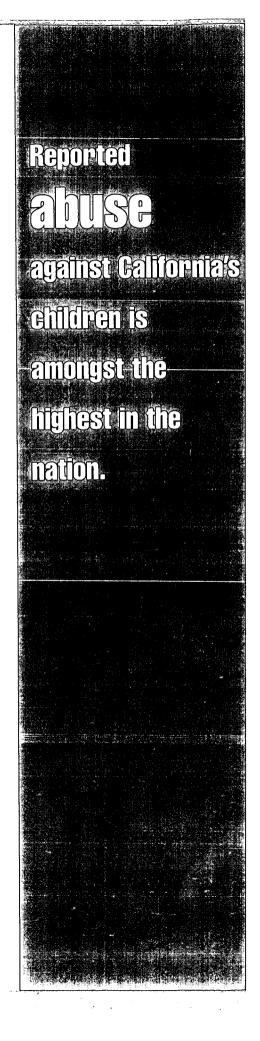


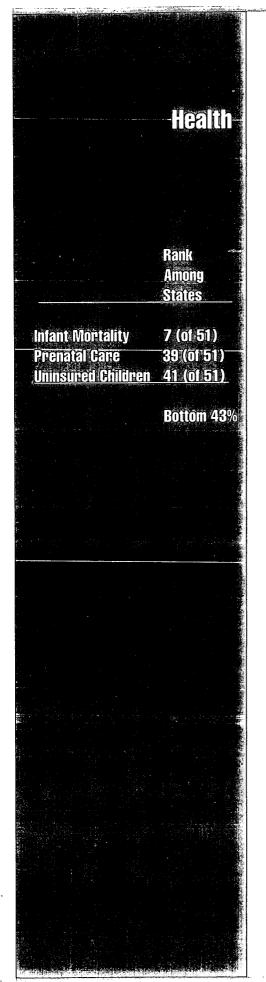
☐ Over 75% of young homicide victims are killed with firearms.

The number of California children murdered every year by firearms more than doubled between 1988 and 1993.

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16





California has made some progress in improving children's health. Over the past few years, access to prenatal care and immunization has improved in California, and infant mortality continues to decline.

- ☐ Better access to prenatal care meant that about 11,000 more women received timely prenatal care in 1992 than would have at the 1989 rate.
- ☐ California now ranks 7th best among the states in infant mortality, having reduced the rate of infant deaths by 14% from 1990 to 1993.



Americans who would guarantee minimum health care coverage to all children through health care reform:

1992

82% agreed



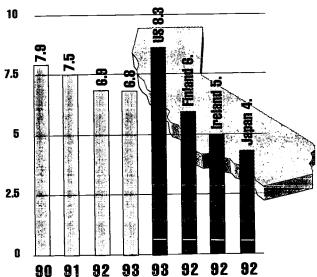
10% disagreed

8% no opinion

- ☐ Children without insurance are less likely to receive adequate health care and are at higher risk of medical complications due to lack of treatment.
- ☐ More than 8 in 10 of the uninsured are working people and their families.

More California infants are surviving their first year of life:

Infant mortality rate
For comparison



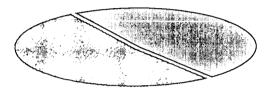
Infant mortality rate= Infant deaths per 100,000 births

16

The immunization rate improved from 48.7% in 1991 to 57.2% in 1994:

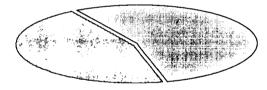
<u> 1991</u>

48.7%

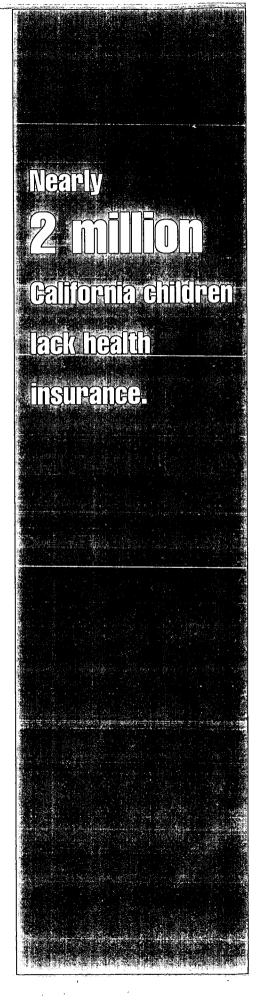


1994

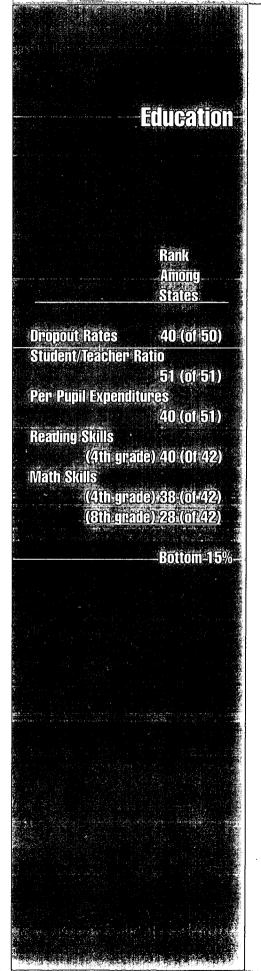
57.2%



☐ More children are receiving timely immunizations in California. The immunization rate improved from 1991 to 1994. However, many countries maintain better immunization records than California, including: Romania, Honduras, Vietnam, China, Canada, Saudi Arabia, Thailand, Great Britain, Mexico, Ukraine, Sri Lanka, Columbia, Chile, Hungary and Portugal.





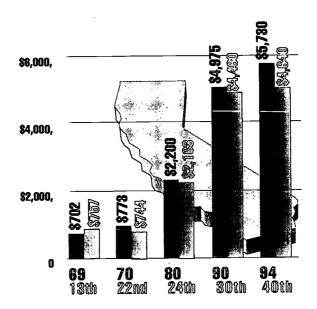


California has made progress in reducing dropout rates, but our investment in public education remains well below the national average and we are not producing satisfactory achievement levels.

- ☐ The high school dropout rate has steadily improved in recent years. The overall rate dropped 25% from 1990 to 1993.
- ☐ California has the most crowded classrooms in the nation.
- ☐ California 4th graders rank 40th out of 41 states in reading skills.

Per pupil spending in California compared to U.S.

🛮 U.S. 🔲 Calif.



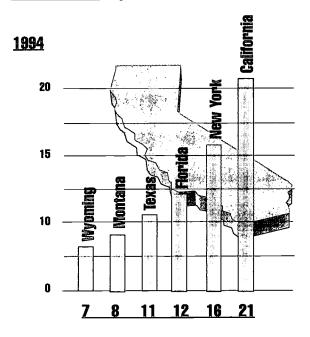
- ☐ California was once a national leader in educational investment.

 Today, we are among those states spending the least.
- ☐ California's per capita income is 13th highest among states.

22 ...

- ☐ In California, as in the rest of the United States, higher reading scores were associated with fewer hours in front of the television and more hours of reading for fun.
- □ California's math scores show that most 8th grade students (61%) could perform simple multiplication and two-step problem solving. Yet just 15% were able to use fractions, decimals, percents, elementary geometry, and simple algebra.

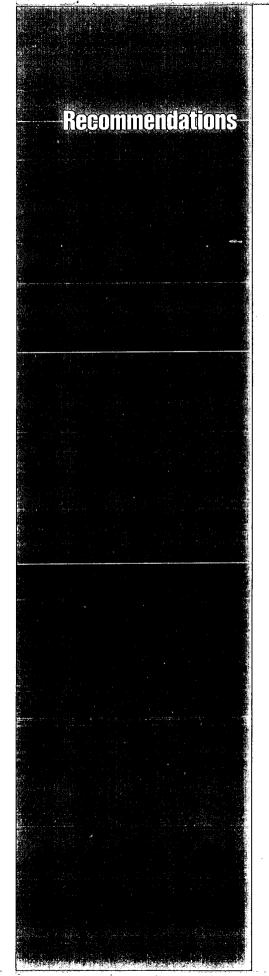
Students per computer



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Making California a better place for children will not be accomplished through government policies and programs alone. Families, civic and religious organizations, businesses and local communities all have important responsibilities and roles in children's lives.

We can also make a tremendous difference for kids through a government that considers children foremost and invests wisely in their future. With the Children's Accountability Act, Children Now is proposing a new, better system of accountability for our state legislature, and also, a means of tracking public dollars serving children. We encourage private agencies and businesses to consider how accountability for children's outcomes can become part of their work as well.



Children's Accountability Act

I. Accountability of Elected Representatives

The time for empty rhetoric about valuing children has passed. Lawmakers must now demonstrate through their votes and their leadership that all children are a priority. To help lawmakers better understand and represent children's interests, we propose that a Children's Impact Statement be incorporated as part of the analyses prepared on designated state legislative and budget proposals.

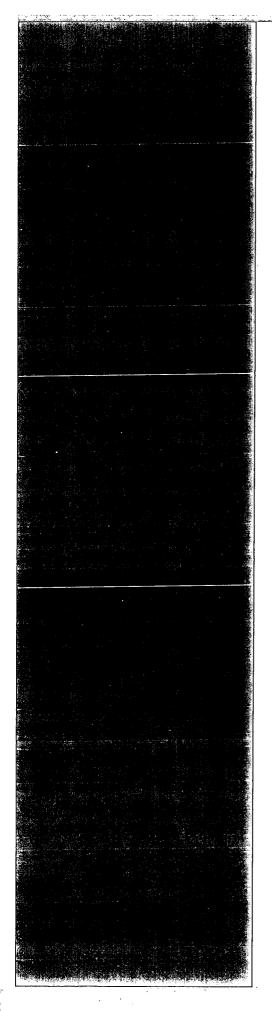
A Children's Impact Statement (CIS) would be a nonpartisan assessment based upon independent academic research and other respected sources for analysis. The CIS would assess the proposed law or budget action according to key considerations for all children.* The CIS also would specify the impacts on different populations of children according to such characteristics as area of residence, socioeconomtic level, ethnicity and special abilities.

A Children's Impact Statement would accurately measure and take into consideration the needs of children in public governance. As a society, we have agreed upon the importance of assessing the environmental impact of our actions through Environmental Impact Reports. Equally as important to our future is the quality of nurturance, support and preparation we provide for our children.

^{*} The California: The State of Our Children 1995 Report provides further details.







II. Accountability of Public Agencies

Over the past year, public programs that support children and families have come under intense scrutiny — with prominent national representatives calling for the dismantling of many children's programs. If we are to ensure that children receive the basic support they need as well as satisfy the public's desire to see tax dollars spent efficiently and effectively, we must require public services to demonstrate their effectiveness in achieving substantive outcomes for children.

True government reform for children would mean that at all levels of public service delivery—city, county and state—we would regularly re-examine the dollars we spend and the strategies we use according to their actual effectiveness in improving children's lives.** If current strategies do not prove reasonably effective, it would be incumbent upon public leaders to assess the barriers to achieving results, and to either restructure, augment or eliminate current programs.



^{**} The California: The State of Our Children 1995 Report provides further details, including examples from the State of Oregon and various California communities.

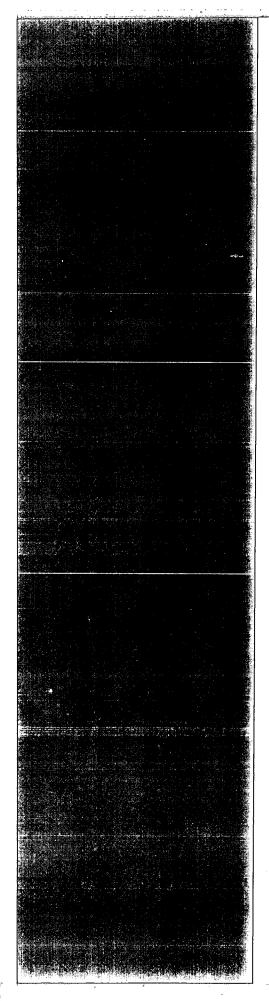
Mext Steps for California

The Legislature and Governor should:

- support the inclusion of a CIS in the analyses of designated legislative and budget measures.

 Individual representatives can begin setting an example immediately by specifying the children's impact of their own proposals.
- □ support a process to develop a core set of goals for California's children and the indicators by which we would measure our progress in attaining those goals. These core goals would serve to guide policymaking and agency actions at the state and local level. With a common set of goals and indicators, agencies may be more likely to work together in complementary efforts. These objectives would inform the activities of the private sector as well—hopefully guiding business and philanthropic decisions.





State agencies and other service providers should evaluate their current systems of operation and develop specific measures to gauge their progress in achieving results for children.

County governments should institute the same process of setting goals, determining measurements and reviewing outcomes to benefit children. Counties could establish local models that would guide the state in developing its own.

Individuals should ask their elected representatives about the impact their actions will have on California children.

The media should focus greater attention on the impact on children that would result from proposals under discussion in Sacramento and Washington, D.C.

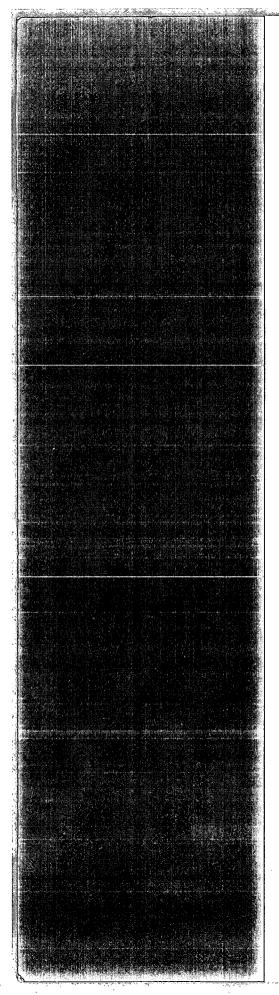
Conclusion

The reality faced by children in California today is one of limited opportunities for educational advancement, skill building, recreation, and healthy development. How California ensures beneficial outcomes in health, education. safety and economic security will affect all children as well as every California adult. Though our children will lead California into the future, we all share in the outcome.

The Children's Accountability Act, if enacted, would be an important step toward refocusing government on children's well-being. Yet, each one of us has a role to play in improving children's lives — as parents, neighbors, employers, voters, community members and leaders — and we can begin today to help children in our own community.

27

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Call or write Children Now for ideas and specific information about how to make an important difference for kids in your neighborhood, community and the state of California. Find out today the many ways you can be a part of the solution.

1-800-CHILD-44





We would like to acknowledge our special appreciation of the Annie E. Casey Foundation for its support of our Kids Count project.

We would also like to thank the Bettingen
Corporation, the Joseph P. Drown Foundation, the
William and Flora Hewlett Foundation, the Conrad
N. Hilton Foundation, the James Irvine Foundation,
the Kaiser Family Foundation and the Koret
Foundation for their general support of Children Now.

The California Report Card 1995 reflects the efforts of all Children Now staff. In particular, Amy Abraham and Suzie Jacinthe conducted the principal research, writing and analysis. In addition, Lois Salisbury, Stephanie Brady, Lorena Hernandez, Margaret Lyons Pena and Judith Reigel contributed to the overall development of concepts. Graphic design by Joe Vera.

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A Supplement to California Report Card '95

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CHILDREN NOW

A Strong and Independent Voice for Children

Children Now is a nonpartisan policy and advocacy organization for children. Children Now acts as a strong and independent voice for millions of children who cannot speak for themselves -- in the legislature, in the mass media and in the community. We focus particular attention on children and families who are poor or at risk. Combining substantive policy expertise with effective communications and advocacy strategies, our mission is to make children a top priority in California and the nation.

Children Now:

- Educates the public and decisionmakers about the needs of children;
- Develops and promotes effective strategies to improve children's lives;
- Generates new resources for cost-effective programs that benefit children and families;
- Reaches out to parents and children to inform them of opportunities to help themselves.

Children Now is financed through foundation grants, individual donations, and support from the corporate and entertainment communities.

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California: The State of Our Children '95

Table of Contents

		<u>Page</u>
I.	Introduction	1
II.	Data Findings State Benchmarks Chart Key Findings Data Highlights	2 2 3 4
III.	Recommendations	10
IV.	Conclusion	16
V.	A Guide to the Facts: State Benchmarks for Children	17
	Family Economics 1. Child Care 2. Homeless Children 3. Public Assistance 4. Hungry Children 5. Child Support 6. Children in Poverty	17 17 17 18 19 20 21
	 Teen Opportunity 7. College Bound Students 8. Unemployed Youth 9. Teen Births 10. Drug and Alcohol Use 11. Incarcerated Juveniles 	21 21 22 22 22 23
	Safety 12. Child Abuse/Neglect 13. Foster Care 14. Drug Exposed Babies 15. Youth Homicide	24 24 24 25 25
	Health 16. Infant Mortality 17. Prenatal Care 18. Immunizations 19. Uninsured Children 20. Use of Nutrition Program 21. Mental Health	26 26 26 27 27 28 28
	Education 22. Dropout Rate 23. Preschool Education 24. Student/Teacher Ratio 25. Per Pupil Expenditures 26. Reading and Math Skills	29 29 29 30 30 30
VI.	Acknowledgments	32
VII.	Children Now's Policy Advisors	34



I. INTRODUCTION

The year 1995 presents a critical challenge and an opportunity to re-examine how we provide health, education and social services for kids. As Congress and our state Legislature consider significant changes in how the public sector fulfills its role, we must protect children's well-being first and foremost, and ensure that every child has the opportunity to fulfill his or her potential.

The State of California must be especially vigilant in representing children's interests in these debates: the California Report Card '95 data shows that California ranks in the bottom of the class among the states in fostering the healthy development of our children.

While some of the most serious problems facing California's children have grown even more widespread in recent years, better prenatal care rates and fewer high school dropouts show that we can make a significant difference in children's lives when we exert the will to do so and strategically direct our resources. This report highlights just a few of the cost-effective programs that are meeting the needs of children and young people throughout California. As we seek to reform and improve services for children and their families, we must build upon such successful initiatives.

But a piecemeal approach will not work. Our future economic security depends on how well today's children grow into tomorrow's productive, responsible adults. This means that California must reorder its priorities and put children first in public decisionmaking and governance. Children Now is recommending a **Children's**Accountability Act to hold our leaders and public institutions accountable for the decisions they make that affect children. This Act would require a Children's Impact Statement on all legislation and would restructure public services to focus on results achieved for children (see Section III). Children Now is also proposing next steps for every Californian to help ensure that all children have the opportunity to learn, grow and thrive -- securing a better future for all of us.



II. DATA FINDINGS

State Benchmarks Chart

		California <u>Trend</u> *	Comparison to U.S. Average*	Rank among <u>States</u> **
Family	Economics			
a dilling	Child Care	Incomplete	n/a	n/a
	Homeless Children		n/a	n/a
	Public Assistance	Incomplete Worse		
			Better	19 (of 50)
	Hungry Children	Incomplete	n/a	n/a
	Child Support	Worse	Worse	40 (of 46)
	Children in Poverty	Worse	Worse	35 (of 51)
				Bottom 35%
Teen O	pportunity			
a cen o	College Bound Students	Worse	n/a	n/a
	Unemployed Youth	Worse	Worse	50 (of 50)
	Teen Births	Worse	Worse	43 (of 50)
	Drug and Alcohol Abuse	Incomplete	n/a	n/a
	Incarcerated Juveniles	Worse	Worse	
	incarcerated Juveniles	worse	worse	50 (of 50)
				Bottom 5%
Safety				
	Child Abuse/Neglect	Worse	Worse	40 (of 50)
	Foster Care	Worse	Worse	n/a
*,	Drug Exposed Babies	Incomplete	n/a	n/a
	Youth Homicide	Worse	Worse	n/a
	Touth Homielde	W Olse	** 013C	Bottom 20%
				Dolloin 20%
Health	•	,		
	Infant Mortality	Better	Better .	7 (of 51)
	Prenatal Care	Better	Worse	39 (of 51)
	Immunizations	Better	Worse	n/a
	Uninsured Children	Same	Worse	41 (of 51)
	Use of Nutrition Program	Better	n/a	n/a
	Mental Health	Incomplete	· n/a	n/a
	1,10111111 1,1011111	moompioto	100	Bottom 43%
	•			, Dottom, 45 %
Educati			·	
	Dropout Rate	Better	Worse	40 (of 50)
	Preschool Education	Incomplete	n/a	n/a
	Student/Teacher Ratio	Worse	Worse	51 (of 51)
	Per Pupil Expenditures	Better	Worse	40 (of 51)
	Reading Skills for 4th grade	Incomplete	Worse	40 (of 42)
	Math Skills	r		
	4th Grade	Incomplete	Worse	38 (of 42)
	8th Grade	Incomplete	Worse	28 (of 42)
				Bottom 15%
				Doctom 15 /0

^{*} An "incomplete" indicates that the data to determine a trend is not available. An "n/a" indicates that the data for comparison to other states is not available. See page 31 under "Comments on Methodology" for an explanation of how the trend and national comparison are determined.

^{**} For some indicators, data is not available for all 50 states. When the rank is out of 51, data for Washington D.C. has been included.



Key Findings of California: The State of Our Children '95

California children are:

- more likely to grow up poor
- more likely to face overcrowded classrooms
- more likely to drop out of high school
- more likely to be unemployed
- more likely to have babies as teenagers

than other children in the United States.

They are also:

- less likely to receive child support payments
- less likely to have health insurance
- less likely to go to college

than other children in the United States.



Data Highlights

Family Economics -- A record number of California children (2.7 million) are living in poverty. The percentage of children living in poverty (less than \$15,150 yearly income for a family of four) is the highest recorded since the state began tracking this measure in 1976.

- More than one in four (28.6%) of California children live in poverty. Poor children are more likely to die in infancy, become ill in childhood, fall behind a grade in school and drop out of school.
- Poverty among California children is outpacing the rest of the nation.
- Effective child support enforcement can end poverty for many children. Yet, in California, only 37% of the more than 480,000 cases due payment in September 1994 actually received some amount.

TOP OF THE CLASS: FRANCHISE TAX BOARD Statewide

In the last three years, California's child support caseload has increased 69% to more than 2.2 million cases in fiscal year 1994. Although state efforts to collect child support have increased in recent years, only 7.3% of \$3 billion in past support due was collected last year.

Through an innovative interagency effort, the Franchise Tax Board (FTB), the State Department of Social Services and county District Attorneys collaborated to initiate a two-year demonstration project to collect child support more effectively. The program began its test phase in six California counties -- Fresno, Los Angeles, Nevada, Santa Clara, Solano and Ventura. Through legislation sponsored by the Children's Advocacy Institute and carried by Assemblywoman Jackie Speier, delinquent child support cases are referred by the county District Attorneys to the FTB for collection. With \$260,000 from the General Fund for program implementation and an active caseload of 114,000 cases, FTB uses its tax collection tools of wage withholding, bank and other levies, tax liens, and contacts for collection out-of-state, similar to delinquent personal income tax cases. In one year, FTB collected \$34.6 million, more than double their original estimate.

The program's surprising success sparked new legislation by Assemblywoman Speier that would expand the program statewide by December 1996. So far, 44 other counties have agreed to participate, and by the end of 1996, all but eight will have been phased into the program.



Teen Opportunity -- The most recent data shows more unemployed youth and fewer college bound students than in previous years.

- o In 1993, California had the highest youth unemployment rate in the country: 26.2% of 16- to 19-year-olds were unemployed and actively looking for work.
- Each year, about 100,000 California high school graduates do not go directly to college. A nationwide survey found, in 1990, that only 25% of high school counselors spent 30% or more of their time helping students with occupational choices or career planning, and only 4% spent 30% or more of their time helping work-bound students find jobs.

California's youth need much more support to help them get on the right track toward productive adulthood.

- Five out of six job applicants in the U.S. are rejected because they cannot read or write adequately, according to a 1992 survey of 400 member companies of the National Association of Manufacturers.
- Among young adults ages 20-24, high school dropouts earned 42% less in 1986 than in 1973, while high school guaduates without a college education earned 28% less.

In addition to limited job prospects, increasing numbers of young people face the daunting challenge of teen parenthood.

- In 1992, over 70,000 babies were born to teenage girls in California. Teen parenthood increases the likelihood that both the mother and child will struggle with long-term poverty.
- Fewer than one-half of all young male workers (ages 20-24) and fewer than one-fourth of young black male workers now earn enough to support a family of three above the poverty line.

TOP OF THE CLASS:

SUMMER YOUTH EMPLOYMENT AND TRAINING PROGRAM/ SUMMER TRAINING AND EDUCATION PROGRAM San Francisco

The San Francisco Summer Youth Employment and Training (SYETP) Program serves approximately 2,500 youth, providing them with valuable job experiences that help them to develop important job skills during the summer months. Teens work in a diversity of jobs in public and non-profit agencies. For example, young people serve as aides in senior centers, schools and child care centers; they are lab assistants at San Francisco General Hospital; they work as video production aides and museum guides.

Youth served by the program are ages 14-21 and must have family incomes below the federal poverty level. Each year, about twice as many qualifying youth apply to the program than can be served by the jobs available. In SYETP, each young person helps to develop his or her own Individual Service Strategy Plan, in which they clarify their current educational and vocational goals. In addition, a Teacher Advisor provides youth with a Work Skills Progress Report to reflect the youth's progress at the job site.

An important, related program serving San Francisco youth is the Summer Training and Education Program (STEP). STEP offers work experience and classroom instruction during the summer for students entering 9th grade who are at-risk of school failure. During the school year, STEP provides further support to these young people through mentor-tutors. Students may remain in the program throughout high school. The program's 1994 evaluation found that, as a group, STEP students had increased their reading and math scores from one year to the next; in addition, employer ratings of student job performance increased over the summer.



Safety -- Reports of child abuse and neglect continue to rise as do foster care placements.

- The number of California children reported abused and neglected has doubled since 1985, reaching over 660,000 in 1993.
- The rise in reports of child abuse and neglect has led to increasing numbers of children in foster care. In the last 3 years in California, foster care placements have risen over 14%; today, 94,000 children are in foster care.
- Comprehensive research by the National Institute of Justice found that childhood abuse increased the odds of future delinquency and adult criminality by 40%.

Increasing numbers of children are victims of homicide.

- In 1993, 857 children and youth, the equivalent of more than 25 classrooms, were victims of homicide. The rate of homicides perpetrated against children in California is 59% higher than in the rest of the nation.
- Over 75% of young homicide victims are killed with firearms. The number of California children murdered every year by firearms more than doubled between 1988 and 1993.

TOP OF THE CLASS: CAUGHT IN THE CROSSFIRE Oakland

Caught In The Crossfire demonstrates how youth are helping their peers and their community, serving as peer counselors to prevent violence.

Developed three years ago in a collaborative effort by Youth Alive, Highland Hospital and the Oakland Unified School District, Caught In The Crossfire is an outgrowth of Teens On Target (TNT), a program started in 1989 by a group of high school students. Each summer, TNT trains teens to become peer advocates for violence prevention. To date, more than eighty teens have participated in TNT's intensive, six-week training on advocacy skills, leadership and incidence of violence. Currently, ten TNT teens are actively broadcasting their message against violence to students, community leaders, media representatives and government officials.

With an additional ten hours of training on hospital protocol, TNT teens are prepared for Caught In The Crossfire. The program aims to stop the cycle of teen violence by having these young advocates present alternatives and offer support to teen gunshot victims recuperating in Highland Hospital's trauma unit. The program recently launched its first group of five trained peer counselors, who have visited approximately forty-five teen victims. Sherman Spears, Program Coordinator, makes follow-up calls to victims after their hospital release to provide additional support. The success of both violence prevention programs has been credited to Spears, who in his youth, also experienced violence as a teen gunshot victim.

Dr. Vern Henderson at Highland Hospital comments that teen gunshot victims are "crying out for help" while dealing with feelings of fear, pain, and survival of a near-death experience. His description of young victims of violence as a "captive audience that would appreciate the need to change" is reinforced by a TNT teen's experience. V., whose older brother was killed by gun violence, related his own feelings as a victim — "I wanted to retaliate when I was shot but I kept my posture. It happened to my brother and it happened to me. But I kept my cool and here I am, still living."



Health -- Prenatal care and immunization rates improved in California, and infant mortality continues to decline. However, one-fifth of California children lack health insurance from either public or private sources.

- The improvement in the prenatal care rate means that about 11,000 more California women received timely prenatal care in 1992 than would have had the rate remained at the 1989 level.
- California now ranks 7th best among the states in infant mortality, having reduced the rate of infant deaths by 14% from 1990 to 1993.
- Nearly 2 million California children lack health insurance. Children without
 insurance are less likely to receive adequate health care and are at higher risk of
 medical complications due to lack of treatment.
- More than 8 in 10 of the uninsured are working people and their families.

TOP OF THE CLASS:

DENTAL HEALTH IN HEALTHY START SCHOOL BASED SERVICES Alameda County

In July 1992, with Healthy Start funding, the Oakland Unified School District initiated the implementation of an integrated health and social services delivery system for at-risk children at two elementary schools. Initial assessments of health care needs for children at Hawthorne-Whitton and Whittier Elementary Schools showed that 74% of the children needed dental treatment and 28% of those examined had "baby bottle tooth decay." Consequently, dental health was identified as a priority for preventive services and educational outreach.

The Alameda County Department of Public Health contributed to the development of a collaborative, community-based model for on-site dental preventive and educational services, as well as linkage to ongoing dental and child health care. Other groups involved in this endeavor included school district staff, 25 volunteer dentists and dental hygienists from the Alameda County Dental Society and the East Bay Dental Hygiene Component, community health outreach workers from the Child Health and Disability Prevention program, and the Dental Health Foundation.

In the program's first 18 months, more than 900 children received dental exams, and classroom education on dental health was conducted for over 2,000 students. The program provides dental cleanings, fluoride treatments and dental sealants, in addition to health care support and referrals. Health care staff meet with parents to discuss their child's dental exam results and the entire family's health history. The staff also inform parents of other available services, such as family support groups, parenting skills classes and tutoring workshops. Plans are underway to replicate this school-based, health care services model for preventive dental care and family support at six more schools by the end of 1995.



- A 1994 survey of kindergartners found that a much higher percentage had received their recommended immunizations at age two, 57.2% compared to 48.4% in the 1993 survey. This improvement is probably attributable to the 1990 measles epidemic and heightened awareness of immunizations at that time. Unfortunately, we are again starting to see new outbreaks of measles among kids.
- Many countries maintain better immunization records than California, including: Romania, Honduras, Vietnam, China, Canada, Saudi Arabia, Thailand, Great Britain, Mexico, Ukraine, Sri Lanka, Columbia, Chile, Hungary and Portugal.

TOP OF THE CLASS: THE CHILDREN'S CLINIC Long Beach

Although a child's health directly impacts on his or her success in school, life opportunities, personal growth and development, one in five California children (or nearly 2 million) do not have health insurance or access to a regular health care provider. Confronting this challenge since 1939, The Children's Clinic, a non-profit community medical clinic, provides innovative, quality health care services to disadvantaged children and youth in the greater Long Beach area.

Staffed by sixty volunteer physicians, several staff pediatricians and resident physicians from University of California at Irvine, the Clinic had more than 23,000 patient visits in fiscal year 1994. The Clinic provides comprehensive health care -- medical care and counseling for well-child care, acute and chronic pediatric problems, inpatient hospital care, and over twenty types of subspecialty clinics -- to nearly 10,000 children, and with 24-hour telephone accessibility, exists as a "true medical home" for its young patients. This continuity of care provides disadvantaged children in Long Beach with health security unparalleled in the state.

In collaboration with other community service organizations, schools, hospitals, state agencies, and private businesses, the Clinic operates eight community outreach programs that target critical issues in child and adolescent health. Recently, with only 38% of two-year olds appropriately immunized in the city, the Clinic embarked upon a two-year immunization awareness campaign for Long Beach. Through partnerships with state and local child health care and civic groups, the project will build upon the clinic's success in providing immunizations to more than 8,400 children last year.

Other effective outreach programs include Tender Loving Care (TLC), which provides postnatal follow-up care for over eighty drug-exposed babies, most of whom are in foster care families, and the Teen Infant Program, a school-based health care clinic for infants and toddlers of teen mothers. Developed in conjunction with the Long Beach Unified School District and Reid High School to facilitate continued parent education for teen mothers, the latter program provides innovative child health care and interactive health education parent groups.

Actively taking on challenges to improve the quality and range of care, the Clinic serves as a training site for more than 100 health professionals-in-training. Incorporating multidisciplinary, community-based approaches to program planning, training and delivery, The Children's Clinic succeeds as a long-term model of seamless health care services for all children.



Education -- California made progress in reducing dropout rates, but our investment in public education remains well below the national average and we are not realizing satisfactory achievement levels.

- The high school dropout rate has steadily declined in recent years. The overall rate dropped 25% from 1990 to 1993 (from a 20.2% to a 15.2% dropout rate).
- California has the most crowded classrooms in the nation and spends about \$1,000 less per student than the national average. California's per capita income is 13th highest among states.
- California, home to Silicon Valley, has fewer computers in its classrooms t han schools in any other state.
- California ranks below the U.S. average in national achievement tests taken by 4th and 8th graders.

TOP OF THE CLASS: EUCLID ELEMENTARY SCHOOL San Bernardino

The reform effort at Euclid Elementary began with Mary Gonzales' entrance as principal six years ago. Under her leadership, school staff and parents drafted their vision of an ideal school and developed a mission statement, grounded in the concept of outcome-based education. Outlining their reform ideas in a community newspaper, the group engaged representatives from colleges, churches, and businesses to become involved in the effort.

While outside consultants provided expanded learning opportunities for the students, Euclid teachers and Ms. Gonzales worked on developing curriculum, standards, teaching strategies, and evaluation criteria that would best address student needs. Today, all sixth graders (180) are required to meet seven performance-based outcomes, and also, to prepare and orally present individual portfolios of their work. For students having difficulty meeting these standards, afterschool homework clubs, detention, tutoring and Saturday school offer assistance and support. The school's Family Resource Center provides additional support by addressing the social and emotional barriers to student learning. During the 1994-95 school year, more than 200 families were served by the center. Moreover, with one month left before this year's graduation, nearly three-fourths of Euclid sixth graders have already completed their requirements.

Other Euclid initiatives include community partnerships with local businesses, colleges and other groups to increase school resources. Also, two leadership groups, involving both parents and teachers, meet regularly to strategize on school reform plans. Euclid staff expect to develop similar performance-based standards for the lower grades, as requirements for grade advancement.



III. RECOMMENDATIONS

The findings in Report Card '95 show that while California offers vast opportunities to many of its residents, we are not a child-friendly state. Millions of California children face too many obstacles and have too little financial and social support to be able to thrive. And yet, the efforts highlighted throughout this report demonstrate that we can change the way we support our children -- as many dedicated individuals, businesses, agencies and communities have proven -- and thus, promote better opportunities for every child to fulfill his or her potential.

Making California a better place for children will not be accomplished through government policies and programs alone. Families, civic and religious organizations, businesses and local communities all have important responsibilities and roles in children's lives.

Yet, we can make a tremendous difference for kids through a government that considers children foremost and invests wisely in their future. With the Children's Accountability Act, Children Now is proposing a new, better system of accountability for our state legislature, and a means of tracking public dollars serving children. We encourage private agencies and businesses to consider how accountability for children's well-being can become part of their work as well.

Children's Accountability Act

A. Accountability of Elected Representatives

The time for empty rhetoric about valuing children has past. Lawmakers must now demonstrate through their votes and leadership that all children are a priority. To help lawmakers better understand and represent children's interests, we propose that a Children's Impact Statement be incorporated as part of the analyses prepared on designated state and federal legislative and budget proposals.

A Children's Impact Statement (CIS) would be a nonpartisan assessment based upon independent academic research and other respected sources for analysis. The CIS would assess the proposed law or budget action according to key considerations for <u>all</u> children. The CIS also would specify the impacts on different populations of children according to such characteristics as area of residence, socioeconomic level, ethnicity and special abilities.

A Children's Impact Statement would accurately measure and take into consideration the needs of children in public governance. As a society, we have agreed upon the importance of assessing the *environmental* impact of our actions through Environmental Impact Reports. Equally as important to our future is the quality of nurturance, support and preparation we provide for our children.



How A Children's Impact Statement Would Work

The Rules Committee of the respective legislative bodies would determine which proposed measures require a CIS -- selecting those deemed likely to have a significant impact on children. Each assessment would be prepared by a nonpartisan governmental agency, such as the General Accounting Office.

As an example, a proposal outlining a state health program to serve low-income children previously served by the federal Medicaid program would be examined according to the estimated impact on children receiving preventive health care, their access to other health care services, and the quality of care they would receive. The impact on various populations of children also would be presented.

Children's Impact Statement

All federal legislative and budget proposals deemed to have a significant impact on children must be analyzed according to their potential to help or harm children. The CIS would state the likelihood that a proposal would make progress toward at least one of the following:

- healthier children
- · better educated children
- safer communities
- greater work, educational and personal development opportunities for young people
- greater economic security for families.

The CIS would also specify relevant indicators (e.g., infant mortality rates, school test scores, youth employment figures) that should be monitored to gauge progress toward the proposal's intended outcomes.

The CIS would also analyze:

- whether the proposal would disproportionately impact children of a particular age, economic background, or region;
- what proportion of the overall problem the proposal would address;
- the likelihood that all children who need services actually would be served (in proposals concerning direct services to children).

This analysis would provide elected representatives the necessary information to make informed decisions on issues affecting children. The CIS and the votes of individual elected representatives would be made available to the public and to the media, who could then use this information to hold representatives accountable for their support of children.



B. Accountability of Public Agencies

Over the past year, public programs that support children and families have come under intense scrutiny -- with prominent national representatives calling for the dismantling of many children's programs. If we are to ensure that children receive the basic support they need as well as satisfy the public's desire to see tax dollars spent efficiently and effectively, we must require public services to demonstrate their effectiveness in achieving substantive outcomes for children.

True government reform for children would mean that at all levels of public service delivery -- city, county and state -- we would regularly re-examine the dollars we spend and the strategies we use according to their actual effectiveness in improving children's lives. If current strategies do not prove reasonably effective, it would be incumbent upon public leaders to assess the barriers to achieving results, and then to either restructure, augment or eliminate current programs.

National polls indicate that most people support adequate public investment in education, children's health and other children's services, but they also want to ensure that their dollars are being spent efficiently and wisely.

A Model for Accountability *

A support system for children that is accountable for outcomes should include the following components:

- A clear statement of the program's goals (which would relate to the state's goals), measures of success and a timeline;
- A set of standards for the services designed to achieve those goals; these standards would guard against inequities or discrimination;
- Appropriate funding to achieve desired results;
- A set of indicators for measuring and assessing progress regarding children served, quality of services provided and results achieved;
- A system of frequent reviews and public reporting of results for children;
- A system of rewards and consequences to the agency responsible according to the program's progress in meeting its objectives.

^{*} A great deal of work has been conducted in the field of outcome-based measures for public agency accountability. In addition to an array of research-based models outlining desirable components of such systems, various governmental entities are experimenting with innovative ways to re-focus their work on outcomes for children. A reference list is provided on page 18.



TOP OF THE CLASS:

AB 1741 - Youth Pilot Programfor Outcome-Based Services Alameda, Contra Costa Marin, Placer and San Diego

In 1993, the State Legislature and Governor Pete Wilson passed AB 1741 (Bates), which established the five-year Youth Pilot Program to improve the coordination and delivery of social services for California children and families.

The Youth Pilot Program takes several bold steps in initiating service reform – first, it decategorizes existing program funds (public and private) to allow for more flexibility in integrating services; second, the program sanctions waivers for any fiscal and administrative barriers to service integration; and lastly, the program concentrates on measurable outcomes for children and families in evaluating its success.

Five California counties — Alameda, Contra Costa, Marin, Placer and San Diego - were selected to participate in the pilot program. Through the program, all five counties are encouraged to experiment with collaborative approaches to funding and delivery of social services. Reflective of the program's emphasis on planning and decision-making, each county must conduct a community needs assessment, outline a plan for integration of services, develop specific, measurable outcomes for the children and families targeted, and monitor these goals consistently in program evaluation. Moreover, to accurately gauge success, program evaluations will be based on how (and to what extent) program efforts have directly helped children and families, and not on the level of efficiency resulting from service integration.

Placer County has initiated the Special Multi-Agency Administration and Resource Team (SMART), which incorporates the key components of the pilot program. In operation since 1987, SMART predates AB1741's passage. SMART aims for interagency collaborative efforts for efficient delivery of comprehensive quality services, with flexibility in funding allocation. SMART targets children and youth at-risk of out-of-home placement, with severe emotional and behavioral problems, or in families in need of multiple services involving several agency programs.

Last year, Placer County officials initiated a new service payment plan that encourages service providers to focus on a child's needs, without being hampered by program definitions. Also, SMART developed a model leadership structure for constructive feedback on service quality improvement. Leadership groups consisting of mid-level managers and consumers, including parents and community-based organizations meet regularly for case conferences and for evaluation of program process.

Soon Placer County, as well as the other four counties participating in the pilot program, will present models for future statewide implementation of comprehensive quality services and integrated service-delivery.



- -

Benefits of Accountability for Outcomes

A focus on results has the potential to benefit children in a number of ways. First, results-based accountability can replace rigid bureaucratic rules and allow greater flexibility to tailor services at the local level, with the understanding that agencies are accountable for certain basic service standards and for ultimate results for children. Second, the emphasis on evaluation of results promotes frequent, critical re-examination of current strategies and, therefore, provides a mechanism for ending ineffective practices. Finally, communicating to taxpayers the results of services for children will strengthen support for investments that improve children's well-being.

Next Steps for California

The Legislature and Governor should:

- support the inclusion of a CIS in the analyses of designated legislative and budget measures. Individual representatives can begin setting an example immediately by specifying the children's impact of their own proposals.
- support a process to develop a core set of goals for California's children and the
 indicators by which we would measure our progress in attaining those goals.
 These core goals would serve to guide policymaking and agency actions at the state
 and local level. With a common set of goals and indicators, agencies may be more
 likely to work together in complementary efforts. These objectives would inform
 the activities of the private sector as well -- hopefully guiding business and
 philanthropic decisions.

State agencies and other service providers should evaluate their current systems of operation and develop specific measures to gauge their progress in achieving results for children.

County governments should institute the same process of setting goals, determining measurements and reviewing outcomes to benefit children. Counties could establish local models that would guide the state in developing its own.

Individuals should ask their elected representatives about the impact their actions will have on California children.

The media should focus greater attention on the impact on children that would result from proposals under discussion in Sacramento and Washington, D.C.



TOP OF THE CLASS: OREGON BENCHMARKS

In 1989, the Oregon State Legislature created the Oregon Progress Board, a panel of leading citizens chaired by the governor, and charged the Board with the task of developing and monitoring a state strategy to promote Oregon's economic progress. With the input of hundreds of Oregon residents, the Board developed *Oregon Benchmarks*, 272 measures of Oregon's progress relating to child and family well-being, as well as environmental and economic concerns.

Oregon Benchmarks outlines goals in each area for the years 1995, 2000 and 2010. For example, Oregon has set incremental goals to increase the percentage of third grade students who reach an established reading skill level from 80% today to 99% in the year 2010. Oregonians seek to reduce their rate of child abuse from 9 reports per 1,000 children today to no more than 2 reports in the year 2010.

These common benchmarks have helped to focus and coordinate the efforts of the public and private sector on behalf of children and families. The state government is using the benchmarks for establishing budget priorities and the benchmarks are widely used in community planning. In 1993, the Legislature directed all state agencies to develop performance measures with ties to the benchmarks and many local governments are pursuing a similar model. In the private sector, the Oregon Community Foundation and Portland area United Way use the benchmarks to focus their grantmaking priorities.

By setting high goals for child well-being and regularly monitoring the state's progress toward achieving those goals, Oregon serves as a national model in public accountability for children.

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IV. CONCLUSION

The reality faced by children in California today is one of limited opportunities for educational advancement, skill building, recreation, and healthy development. How California ensures beneficial outcomes in health, education, safety and economic security will affect *all* children as well as every California adult. Though our children will lead California into the future, we all share in the outcome.

The Children's Accountability Act, if enacted, would be an important step toward refocusing government on children's well-being. Yet, each one of us has a role to play in improving children's lives -- as parents, neighbors, employers, voters, community members and leaders -- and we can begin today to help children in our own community.

Call or write Children Now for ideas and specific information about how to make an important difference for kids in your neighborhood, community and the state of California. Find out *today* the many ways you can be a part of the solution.



V. A GUIDE TO THE FACTS: STATE BENCHMARKS FOR CHILDREN

FAMILY ECONOMICS

1. CHILD CARE

The percentage of children whose families need affordable child care, and the actual number that are currently being served.

California Trend:

There is no annual count of the number of children in California whose families need child care, nor the number of children currently served:

- About 18,000-20,000 children were served through subsidized school-age care.
- Approximately 150,000 children are enrolled in State Department of Education programs, among which include school-age, general child development, and preschool programs.
- In December 1994, DSS reports that 33,049 families received Title IV-A child care
 with 46,148 children receiving care. Title-IV-A programs, among which include
 GAIN, Transitional Child Care and CAL Learn for teen parents, provide child care
 subsidies or reimbursement to low-income, working families and to families on
 AFDC.
- For 1992 tax returns, 797,000 California filers received a tax credit for child care, a total of \$106 million.

National Average: Not available.

State Rank: Not available.

Source: California State Department of Education, Child Development Division; California State Department of Social Services, Information Services Bureau; Franchise Tax Board, Public Affairs (pers. comm. 1995).

2. HOMELESS CHILDREN

The number of children and youth under age 18 who live in shelters and on the street because they have no home.

California Trend:

There is no annual count to document the extent of homelessness among families, particularly those with children. Given that California has one of the highest housing costs among states, many families, particularly low-income and those with children, experience difficulty securing affordable permanent housing. Based on 1991 housing market estimates by the U.S. Department of Housing and Urban Development, a modest two-bedroom apartment in California rented for \$750, which ranked California second highest in housing costs among states.



In 1994, the State Department of Social Services provided assistance to more than 118,000 low-income families for temporary and permanent housing.

An annual multi-city survey conducted by the U.S. Conference of Mayors documented the prevalence of homelessness in four California cities (Los Angeles, San Francisco, San Diego and Santa Monica). In 1994, requests for emergency assistance by homeless families in Los Angeles increased sixty percent from the previous year and half of the requests went unmet due to lack of resources. Similarly, San Diego and San Francisco experienced respective increases of ten and twelve percent in families requesting housing assistance, yet both cities reported that families were turned away. Families with children accounted for one-quarter of the homeless population in both cities, and 19 percent in Los Angeles. Children accounted for more than half of all homeless family members in San Francisco, and at least 2/3 in both San Diego and Los Angeles. Lastly, for low-income families seeking assistance through public housing, the wait period ranged from 13 months to a year and a half for Los Angeles and San Francisco, respectively. As evidence of the lack of options and resources available for affordable housing, all four California cities are no longer accepting applications for at least one housing assistance program due to an extensive waiting list.

National Average: Not available.

Rank: Not available.

Source: Center on Budget and Policy Priorities; California Homeless and Housing Coalition, "Facts on Housing and Homelessness" (1992); California State Department of Social Services, Information Services Bureau; The United States Conference of Mayors, <u>A Status Report on Hunger and Homelessness in America's Cities: 1994</u> (Washington, DC: U.S Conference of Mayors, December 1994)

3. PUBLIC ASSISTANCE

The maximum monthly AFDC grant for a family of three with no other income compared to the fair market rent (FMR) for the state. The figures in parentheses are the inflation adjusted value of grant payments in 1989-90 dollars. Also shown is the number of children receiving AFDC payments for that year.

California Trend:

AFDC Grant: \$\$ (89/90):	1990-91 \$694 (\$663)	1991-92 \$663 (\$601)	1992-93 \$624 (\$556)	1993-94 \$607 (\$528)
FMR/% of income: # of Children	\$640 (97%)	*	*.	\$635 (105%)
	1.4 million	1.6 million	1.7 million	1.8 million

Note: For 1994-95, the AFDC monthly grant remains at a maximum of \$607 for a family of three with no other income, 58% of the official poverty level. In 1994, just 8.7% of California AFDC families receiving housing aid.

National Average: In January 1994, the median state's maximum monthly grant for a family of three with no other income was \$366 and the FMR for a one-bedroom was \$417. The rent equaled 115% of the family's income.

State Rank: 19th.

Source: California State Department of Social Services, Information Services Bureau (pers. comm. 1995); U.S. House of Representatives, Committee on Ways and Means, Overview of



^{*} Information not available.

Entitlement Programs: The Green Book, 1994 (Washington, DC: GPO, 1994); U.S. Department of Health and Human Services, Division of Technical and Computer Support (pers. comm. 1995); note calculation by Children Now.

4. HUNGRY CHILDREN

The number of children who experience hunger.

California Trend:

Currently, there is no annual count of the extent of hunger among families, particularly those with children. The best related indicator of malnutrition is undoubtedly the poverty rate, which tracks the amount of persons without sufficient income to provide for their basic needs, i.e. food, clothing and shelter. In 1993, 2.7 million (or 28.6%) of California's children were living below the federal poverty level (\$11,890 for a family of three in 1993).

Several recent studies provide information illustrating the prevalence of hunger in California and its devastating impact on the lives of children. A study by the California Policy Seminar released earlier this year defined hunger as "food insecurity" -- lack of access and resources to sufficient food without resorting to emergency food assistance, theft and other crisis actions. Based on 1993 poverty and population data, the study estimates that the approximately 5 million Californians, including two million children; living below the federal poverty level experience hunger.

Increased participation in food assistance programs elucidates the growing number of low-income families unable to provide for their dietary needs. In March 1994, 3.5 million California residents, 70% of whom are children, received food stamps. The average monthly benefit in California in 1994 was \$63.14, or only 47% of the USDA's estimate of monthly food costs for an average three-person family in the western region. In 1993, 1.7 million California children received free or reduced-price school lunches, and more than 635,000 participated in the School Breakfast programs. Moreover, a daily average of over 138,000 children (less than 5% of all eligible) participated in the 1993 Summer Food program during the month of July.

Finally, an annual multi-city survey conducted by the U.S. Conference of Mayors provides detailed information on hunger in four California cities (Los Angeles, San Francisco, San Diego and Santa Monica). Last year, more than three-fourths of L.A. residents requesting emergency food assistance were from families with children. Santa Monica reported that it was unable to meet 40% of the demand for emergency food (30% unmet need in both San Francisco and San Diego).

National Average: Relying on 1993 population and poverty data, as used in the California Policy Seminar's study, an estimated 39.3 million people, including 15.8 million children, nationwide living below the federal poverty level are experiencing hunger. In 1993, a national survey on emergency food assistance conducted by Second Harvest, the largest U.S. provider of emergency food relief, showed that nearly 22 million people (or 8.8.% of total U.S. population) received emergency food through its programs. Seventy-seven percent of Second Harvest programs reported that due to inadequate food supplies, they had to turn people away.

Nationwide in 1993, 27 million people received food stamps, including more than 14 million children. On a typical day, 8.6 million U.S. low-income children received free or subsidized school lunches, and over 3 million children were served through the School Breakfast programs. Additionally, the average daily attendance for the Summer Food program during the month of July was 2.1 million children.





Recent studies on hunger and its impact on children and families have linked malnutrition and severe nutritional deficiencies to the potential for healthy growth and development. The U.S. Department of Agriculture estimates that only 12% of families living below the poverty level actually receive the basic nutrients necessary in a healthy diet. The Center on Hunger, Poverty and Nutrition Policy at Tufts University recently released its study comparing the dietary intake of poor and non-poor children ages 1-5. According to the study, poor children had a greater likelihood of nutritional deficiencies than non-poor children. Specifically, poor children are 2.5 times more likely to have lower food calorie intakes than higher income children. In 1993, an estimated 4 million poor children received insufficient amounts of zinc, more than 3 million children did not get enough iron, and over 2.5 million lacked the recommended daily intake for vitamin E. With 33%-50% of poor children nutritionally deficient in nutrients vital for positive growth and development, the study concludes that these children are at greater risk for illness, including anemia, fatigue and stunted growth.

State Rank: Not available.

Source: California State Department of Finance, State Census Data Center, Current Population Survey Report, March 1994; California Policy Seminar, Hunger and Food Insecurity in California (Berkeley, CA: Regents of the University of California, 1995); California-Nevada Community Action Association, Hunger in California: A State of Need (Sacramento, CA: Cal-Neva, June 1994); The United States Conference of Mayors, A Status Report on Hunger and Homelessness in America's Cities: 1994 (Washington, DC: U.S Conference of Mayors, December 1994); U.S. Department of Agriculture, Food and Consumer Services; Children's Defense Fund; U.S. Bureau of the Census, Current Population Reports, Series P60-188, Income. Poverty, and Valuation of Noncash Benefits: 1993 (Washington, DC: GPO, 1995); Center on Hunger, Poverty and Nutrition Policy, "Differences in Nutrient Adequacy Among Poor and Non-Poor Children" (Medford, MA: Tufts University, March 1995).

5. CHILD SUPPORT

Percentage of cases with current support due in the month of September* that actually received some payment.

*September presents a snapshot month of child support collection and may be considered typical in child support payment. As of September 1994 over 2.2 million cases were in the state child support system, representing over 3.3 million children.

California Trend:

September:	1991	1992	1993	1994
	42.9%	43.8%	40.1%	37.1%
				(483,865 cases)

An additional 240,000 cases with orders either were not due payment this particular month or had no specific amount set. As of September 1994, 1.3 million cases (or 57.5% of child support caseload) were without support orders, and required paternity establishment, order establishment or location of noncustodial parents.

National Average: 60% in Federal Fiscal Year (FFY) 1993.

State Rank: 40 out of 46 states for the FFY 1993. California collected payment on 43% of the cases (420,466 total) in FFY 1993 for which current support was due.

Source: California State Department of Social Services, Child Support Management Information System, Annual Report Fiscal Year 1993/1994 and September 1994 CS 825B, Annual Point in Time Report of Counts (Sacramento, CA: DSS, 1994), calculations by



Children Now; U.S. Department of Health and Human Services, Office of Child Support Enforcement, 18th Annual Report to Congress on Child Support Enforcement, Fiscal Year 93 (Washington, DC: U.S. DHHS, 1994). California State Department of Social Services, Child Support Enforcement Program. A Characteristics Survey on The Social and Economic Characteristics of Families Receiving Child Support Enforcement Services During the Study Month of June 1993 (Sacramento, CA: DSS, in press)

6. CHILDREN IN POVERTY

The number and percentage of children under age 18 living below the poverty level (\$11,890 annual income for a family of three in 1993).

California Trend:

	1990	1991	1992	1993
Poverty Rate	22.3%	25.3%	24.4%	28.6%
# of Children	1.8 million	2.2 million	2.1 million	2.7 million

Note: The poverty threshold is from the U.S. Bureau of the Census and is based on the Consumer Price Index. For eligibility for federal programs, families must meet the poverty guidelines as defined by the U.S. Department for Health and Human Services (in 1993, \$11,890 for a family of three).

National Average: 23.5% for all persons under the age of 18 (or 16.2 million) in 1993.

State Rank: 37th in 1992. State Rank reflects five-year average of income received during 1989-1993.

Source: California State Department of Finance, State Census Data Center, Current Population Survey Reports (1991-1994); U.S. Bureau of the Census, Poverty and Wealth Branch; U.S. Department of Health and Human Services, Division of Technical and Computer Support (pers. comm. 1995); state rank from The Annie E. Casey Foundation, Kids Count: State Profiles of Well-Being, 1995 (Baltimore, MD: AEC Foundation, 1995).

TEEN OPPORTUNITY

7. COLLEGE BOUND STUDENTS

The percentage of recent public and private high school graduates who go on to postsecondary education in California public and independent colleges and universities.*

California Trend:

Total 1993 graduates: 272,800

1990	1991	1992	1993
59.6%	60.1%	57.6%	57.2%

<u>Note</u>: All past year figures published in previous <u>State of Our Children</u> documents have been revised due to corrections in reported figures, and to also include the percentage of graduates that enroll in California's independent institutions.



* According to the National Center for Education Statistics, approximately 4-5% additional graduates enroll in out-of state institutions each year.

National Average: Not available.

State Rank: Not available.

Source: California Postsecondary Education Commission, Student Profiles, 1994 (Sacramento, CA: PEC, March 1995) and The State of the State's Educational Enterprise

(Sacramento, CA: PEC, December 1993).

8. UNEMPLOYED YOUTH

The number and percentage of 16- to 19-year-olds who are unemployed and are actively looking for work.

California Trend:

	1990	1991	1992	1993
Percent	15.6%	20.1%	25.1%	26.2%
Number	121,000	153,000	187,000	193,000

National Average: 19.0% (1,296,000) in 1993.

State Rank: 50th in 1993.

Source: U.S. Bureau of Labor Statistics, Office of Employment and Unemployment Statistics, Geographic Profile of Employment and Unemployment, 1993, Bulletin #2446 (Washington,

DC: U.S. Department of Labor, September 1994).

9. TEEN BIRTHS

The number of births to females ages 15 to 19 per 1,000 females of that age group.

California Trend:

1989	1990	1991	1992
64	71	75	74
		•	(69.401)

National Average: 61 in 1992. State Rank: 43rd in 1992.

Source: Child Trends, Inc., Facts At A Glance (Washington, DC: Child Trends, February 1995); California State Department of Health Services, Office of Vital Records and Statistics (pers. comm. 1995); state rank calculated by Children Now.

10. DRUG AND ALCOHOL USE

The percentage of 11th grade students using beer, marijuana, or cocaine once per week or more often.

California Trend:

	1987-88	1989-90	1991-92	1993-94
Beer	19.5%	16.1%	17.4%	17.2%
Marijuana	8.5%	6.9%	8.3%*	14.5%
Cocaine	1.2%	0.7%	0.6%	0.5%



* Figure has been corrected from error in previous The State of Our Children document.

Note: Only 59% of California 11th graders view marijuana use as harmful. The lure of marijuana and other drugs has also attracted younger students, as one-fourth of 7th graders and 42% of 9th graders reported using an illicit drug in the six months prior to the survey. 40% of 9th graders and more than one-third of 11th graders surveyed reported the absence of alcohol/drug prevention classes at their schools in the last year.

Rates of alcohol use have remained relatively stable among these grades in recent years. Nonetheless, ignoring widespread attention on the dangers of drinking and driving, nearly one-third of California 9th graders and 41% of 11th graders reported being in a car in which they or a friend was "drinking and driving." In 1993, 123 California children (ages 0-17 years) were killed and more than 4,700 injured in alcohol-related accidents. Of those injured, 54% were high school age youth.

National Average: National data available uses different data sets, and thus, is not comparable to California's data. It is important to note that when compared to seniors nationally, California 11th graders have lower rates of alcohol use, but higher rates of illegal drug use. For example, 26% of California 11th graders used marijuana in the 30 days prior to the survey, as compared to 16% of seniors surveyed nationally.

National statistics also document substance use among junior high school students, and their perceptions of harm from frequent drug use. Nearly half of the 8th graders surveyed had tried cigarette smoking. Peak initiation grades for smoking were identified as 6th and 7th grades, though 18% of 8th graders reported having had their first cigarette in the fifth grade. Only 53% of 8th graders and 61% of 10th graders view smoking a pack of cigarettes a day as harmful. More alarming, 3.6% and 4.3% of 8th and 10th graders respectively, reported using cocaine at least once, and only slightly more than half the 8th graders associated crack cocaine use with "great risk" (a 8.5% drop since 1991).

State Rank: Not available.

Source: Rodney Skager and Gregory Austin, Fifth Biennial California Student Substance Use Survey for Grades 7, 9, and 11, 1993-94; Preliminary Findings, June 21, 1994 (Sacramento, CA: DOJ, in press); U.S. Department of Health and Human Services, National Institute on Drug Abuse, National Survey Results on Drug Use from The Monitoring The Future Study. 1975-93 (Maryland: NIDA, 1994); California Highway Patrol, Office of Public Affairs.

11. INCARCERATED JUVENILES

The number of juveniles placed in custody in public institutions (including California Youth Authority, county juvenile halls and camps) per 100,000 juveniles.

California Trend:

1985	1987	1989	1991
430	498	529	492

National Average: 221 per 100,000 juveniles in 1991.

State Rank: 50th in 1991.

Note: The Department of Justice (DOJ) commissions the Census Bureau to conduct a survey of juvenile detention, correctional and shelter facilities every other year.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Children in Custody 1991: Public Juvenile Facilities (Washington D.C.: DOJ, April 1993).



SAFETY

12. CHILD ABUSE/NEGLECT

The number of children reported for abuse and neglect (known as emergency responses) per 1,000 children.

California Trend:

	1990	1991	1992	1993
Number	553,777	571,214	615,602	660,942
Rate per 1,000	70.4	70.3	74.0	77.7

National Average: 43.2 per 1,000 children in 1992. The comparable figure for California in 1992 was 55 per 1,000.

State Rank: 40th in 1992.

Note: The state rates were calculated with information provided by the California State Department of Social Services, and are not directly comparable to national figures. The national average and state rank were calculated from U.S. Department of Health and Human Services's Summary Data, as compiled by the National Center for Child Abuse and Neglect.

The rate for 1992 published in previous <u>State of Our Children</u> documents was recalculated using revised population estimates from the California State Census Data Center.

Source: California State Department of Social Services, Information Services Bureau; California State Department of Finance, State Census Data Center, 1993 Series Population Projections and Budget Letter #94-06; U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, Child Maltreatment 1992: Reports from the States to the National Center on Child Abuse and Neglect (Washington, DC: GPO, 1994); calculations Children Now.

13. FOSTER CARE

The number and rate per 1,000 children under 18 years of age who are in out-of-home/substitute care, including children in foster care (relative and non-relative homes) and children on probation who are not in institutionalized care (i.e., California Youth Authority, county camps, etc.).

California Trend:

	Jan 1992	Jan 1993	Jan 1994	Jan 1995
Number	81,651	85,031	90,107	94,509
Rate per 1,000	9.8	10.0	10.4	10.6

National Average: 6.6 per 1,000 children (449,000) in 1993.

State Rank: Not available.

Source: California State Department of Social Services, Information Services Bureau; American Public Welfare Association (pers. comm. 1995) – reference to Child Substitute Care Flow Data Fiscal Year 93, Voluntary Cooperative Information System (Washington, DC: APWA, December 1994); California State Department of Finance, State Census Data Center, 1993 Series Population Projections and Budget Letter #94-06; U.S. Bureau of the Census, Current Population Reports, Series P25-1104, Population Projections of the United States by Age, Sex. Race, and Hispanic Origin: 1993 to 2050, November 1993; calculations by Children Now.



14. DRUG EXPOSED BABIES

The prevalence of drug or alcohol use among pregnant women and the percentage of infants born exposed.

California Trend:

No annual statewide statistics are available. A statewide prevalence study was conducted in 1992 by the California State Department of Alcohol and Drug Programs, and according to the study, the prevalence rate of drug and alcohol use among pregnant women in hospitals for delivery statewide was approximately 11%, or about 69,000 women. About 1 in 20 pregnant women had used one or more types of drugs, not including alcohol and tobacco. One in 14 drank alcohol, and 1 in 11 smoked cigarettes, in the hours or days before delivery.

For women who did not receive prenatal care, 30% tested positive for alcohol or drug use, and were seven times more likely to test positive for drug/alcohol exposure than women who received prenatal care.

National Average: Not available.

State Rank: Not available.

Source: California State Department of Alcohol and Drug Programs, Office of Perinatal Substance Abuse, Profile of Alcohol and Drug Use During Pregnancy in California, 1992

(Sacramento, CA: DADP, September 1993).

15. YOUTH HOMICIDE

The number and rate of homicides of persons younger than 20 years of age per 100,000 population.

California Trend:

	1990	1991	1992	1993
Number	702	828	781 .	857
Rate per 100,000	8.0	9.2	8.6	9.2

National Average: 5.8 homicides per 100,000 persons under 20 in 1993 (4,375).

State Rank: Not available.

Source: California State Department of Justice, Law Enforcement Information Center, Homicide in California, 1993 and Homicide in California, 1992 (Sacramento, CA: DOJ, 1993, 1992); Federal Bureau of Investigation, Criminal Justice Information Services Division, Uniform Crime Report, Crime in the United States (Washington, DC: FBI, December 4, 1994); California State Department of Finance, State Census Data Center, 1993 Series Populations Projections and Budget Letter #94-06; U.S. Bureau of the Census, Current Population Reports, Series P25-1104, Population Projections of the United States by Age, Sex. Race, and Hispanic Origin: 1993 to 2050, November 1993; calculations by Children Now.



HEALTH

16. INFANT MORTALITY

The number of infants who die in their first year of life per 1,000 live births.

California Trend:

1990	1991	1992	1993
7.9	7.5	6.9	6.8
•			(3,925 deaths)

National Average: 8.3 deaths per 1,000 live births (or 34,628 deaths) in 1993. State Rank: 7th in 1993.

Source: California State Department of Health Services, Office of Vital Records and Statistics, calculations by Children Now, U.S. Department of Health and Human Services, National Center for Health Statistics, Monthly Vital Statistics Report: Annual Summary of Births, Marriages, Divorces, and Deaths: United States, 1993, Vol. 42, No. 13, October 11, 1994.

17. PRENATAL CARE

The proportion of infants born to women who received no prenatal care or no care until the last three months of pregnancy.*

California Trend:

1989	1990	1991	1992
7.2%	7.0%	6.3%	5.3%

<u>Note:</u> To make our figures consistent and comparable to national data, past year figures published in previous <u>State of Our Children</u> documents have been revised to exclude women with unknown prenatal care from calculation.

* It is important to clarify that access to prenatal care does not equate with appropriate care received. The *Kessner Index* was developed to chart the timing and quantity of prenatal care, and also the baby's gestational age with three levels of care: adequate, intermediate and inadequate. Based upon the *Index* in 1992, only 70% of all U.S. mothers received adequate care, and 7% received inadequate care.

Thus, although more women are seeking early care, 1/3 of U.S. mothers still do not receive the appropriate care needed for optimal pregnancy outcomes.

National Average: 5.2% in 1992. State Rank: 39th in 1992.

Source: California State Department of Health Services, Office of Vital Records and Statistics, calculations by Children Now; U.S. Department of Health and Human Services, National Center for Health Statistics, Monthly Vital Statistics Report: Advance Report of Final Natality Statistics, 1992, Vol. 43, No. 5 (S), October 25, 1994.



18. IMMUNIZATIONS

The percentage of two-year-olds appropriately immunized for their age. Full vaccination is defined as 4 doses of DTP (diphtheria, tetanus, pertussis), 3 doses of OPV (oral polio vaccine), and 1 dose of MMR (measles, mumps, rubella).

California figures reflects the percentage of kindergarten children (mostly age 5) who were appropriately immunized at age two, or three years earlier. All figures included in previous State of Our Children documents have been revised to report full vaccination levels.

California Trend:

Year of Survey:	1991	•	1992		1993	-	1994
· ·	48.7%		48.2%		48.4%		57.2%

National Average: Nationwide, 67.1% of two-year-olds in 1993 were appropriately

immunized.

State Rank: Not available.

Source: California State Department of Health Services, Immunization Branch, "IZ Fact Sheet" (1994); national average from U.S. Department of Health and Human Services, Center for Disease Control and Prevention, Immunization Branch, "Vaccination Coverage of Two-Year-Old Children —United States, 1993", Reprint from the Morbidity and Mortality Weekly Report, October 7, 1994, Vol. 43, No. 39, pp. 705-724.

19. UNINSURED CHILDREN

The percentage and number of children under age 18 who had <u>no</u> health insurance coverage, public or private, through an entire year.

Children who had even a single day of coverage during the year are not counted as uninsured. Thus, we suspect that many more children are uninsured for some part, if not most, of the year.

California Trend:

•	1990	1991	1992	1993
Percent	21%	20%	19%	21%
# of Children	1.72 million	1.71 million	1.64 million	1.92 million

Note: In 1988, the Census Bureau changed the formula used to determine the number of uninsured children in the U.S. As a result, the new count of uninsured children nationwide was lower than previous counts. To make California figures consistent with national data and comparable for long-term trends, we have recalculated all past figures according to the post-1988 formula.

National Average: 17% (or nearly 12 million uninsured children) in 1993. State Rank: 41st in 1993.

Source: U.S. Bureau of the Census, Current Population Survey Report, March 1994, calculations by UCLA Center for Health Policy Research.



20. USE OF NUTRITION PROGRAM

The average monthly number and the percentage of eligible pregnant and nursing mothers, infants, and children younger than 5 who receive WIC (the Special Supplemental Food Program for Women, Infants, and Children).

California does not provide funding for the WIC program. The increase in the number of women and children served is due solely to increased federal funds.

California Trend:

Federal Fiscal Year	1989-90	1990-91	1991-92	1992-93	1993-94
Number	446,678	486,254	537,496	658,466	837,704
Percent eligible	37%	*	*	44%	59%

Note: The California estimate is based on the number of pregnant women and children living below 200% of the federal poverty level (\$11,890 for a family of three in 1993), and does not take nutritional risk into account.

National Average: The Congressional Budget Office estimates that 9.6 million women and children are eligible for WIC. The average monthly participation in FY 94 was 6,445,728 -- 67% of the estimated eligible. National eligibility is limited to those with incomes below 185% of the poverty level and who are at nutritional risk.

State Rank: Not available.

Source: California State Department of Health Services; U.S. Department of Agriculture; Center for Budget and Policy Priorities; California Food Policy Advocates.

21. MENTAL HEALTH

The percentage of children under age 18 who need mental health services and receive them.

California Trend:

According to several past studies, estimates of the number of children with diagnosable mental disorders range from 12% to 22% of the total child/adolescent population (ages 5-17). A 1994 household survey by the California State Department of Mental Health estimated that 445,000-623,000 children, or approximately 5-7% of California children, need special mental health services. In FY 93, approximately 75,000 children were served through local county mental health programs.

National Average: Not available. State Rank: Not available.

Source: California State Department of Mental Health, Systems of Care, "Children and Adolescents" (Cablas/Jerrell), <u>The California Household Mental Health Survey of 1992</u> (Sacramento, CA: DMH, January 1994); California State Department of Finance, State Census Data Center, Budget Letter #94-06; calculations by Children Now.



^{*}Data is not available.

EDUCATION

22. DROPOUT RATE

The percentage of 10th, 11th and 12th graders who leave school and do not notify the school of a change of residence.

- 1) cumulative estimate: The estimated three-year cumulative dropout rate for a graduating class from the time they enter 10th grade.
- 2) event: reflects the actual loss in one year for all three grades.

California Trend:

Class of:	1990	1991	1992	1993
3-year cumulative:	20.2%	18.2%	16.5%	15.2%
1-year event:	6.9%	6.2%	5.6%	5.2%

National Average: The national one year dropout rate for the Class of 1993 was 4.5% or approximately 381,000 students.

State Rank: For public high school graduates as a percentage of 9th grade enrollment four years earlier, California ranked 40th for Class of 1992 (68.6% or 244,594 total graduates). The national percentage was 71.2%.

Source: California State Department of Education, Educational Demographics Unit; U.S. Department of Education, National Center for Education Statistics, <u>Dropout Rates in the United States</u>, 1993 (Washington, DC: NCES, September 1994).

23. PRESCHOOL EDUCATION

The number and percentage of three-, four-, and five-year-olds who receive early childhood education through programs such as Head Start.

California Trend:

No data is collected to measure the extent of need for early childhood education in California. In 1994, approximately 40,000 children were served through the Department of Education's Preschool Programs. In addition, almost 71,000 low-income children were served through Head Start programs.

Unfortunately, no data is available on the extent of unmet need for preschool education in California, since no information is collected annually on the number of preschool-age children who would qualify for programs based on their families' income. Our best indicator of the unmet need of preschool education for children from low-income families is the Head Start program, which served an estimated 28% of all eligible children in California in FY 93.

National Average: Not available. With \$3.3 billion appropriated by Congress in the federal fiscal year 1994, 740,493 U.S. children received preschool education through the Head Start program. Of the approximately 2 million children eligible for the program in FFY 93, an estimated 36% were served.

State Rank: Not available.



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Source: California State Department of Education, Child Development Division; U.S. Department of Health and Human Services, Head Start Bureau, "Project Head Start Statistical Fact Sheet" (February 1995); On the Capitol Doorstep, "Fact Sheet: Child Development and Preschool Programs" (1994); Children's Defense Fund.

24. STUDENT/TEACHER RATIO

The number of pupils in average daily attendance per teacher in California public elementary and secondary schools.*

California Trend:

Fall	1990	Fall	1991	Fall	1992	Fall	1993
23.2		23.0		23.9		23.8	

* The figures above reflect our change in reporting student/teacher ratio based on average daily attendance, rather than enrollment, as experts note that student attendance yields a more accurate count of students in the classroom.

National Average: 16 pupils in average daily attendance per teacher in Fall 1993. State Rank: 51st in Fall 1993.

Source: National Education Association, Ranking of the States, 1994 (Washington, DC: NEA, 1994).

25. PER PUPIL EXPENDITURES

The current expenditures for public elementary and secondary day schools per pupil in average daily attendance.

California Trend:

1990-91	1991-92	1992-93	1993-94
\$4,540*	\$4,592	\$4,620	\$4,640

^{*}Unpublished revision by the California Department of Education.

National Average: \$5,730 per pupil in 1993-94.

State Rank: 40th in 1993-94.

Source: National Education Association, Ranking of the States, 1994 (Washington, DC: NEA, 1994); California State Department of Education, Fiscal Policy Planning and Analysis Division.

26. READING AND MATH SKILLS

The average proficiency in overall math and reading comprehension for 4th and 8th graders, as determined by the National Assessment of Educational Progress (NAEP).

California Trend:

MATH*		
	1990	1992
4th grade	n/a	207
8th grade	256	260



National Average: 217 for 4th graders and 266 for 8th graders in 1992. State Rank: 38th for 4th graders and 28th for 8th graders (out of 41 states) in 1992.

Proficiency levels for both grades:

simple addition and problem solving; (200)

simple multiplication and 2-step problem solving; (250)

reasoning and problem solving for fractions, decimals, percents, (300)

elementary geometry and simple algebra.

READING

1990 1992 n/a

4th grade

203

National Average: 216 for 4th graders in 1992. State Rank: 40th (out of 41 states) in 1992.

Source: U.S. Department of Education, National Center for Education Statistics, Digest of Education Statistics, 1993 and Digest of Education Statistics, 1994 (Washington, DC: NCES, October 1993, October 1994).

Comments on Methodology

Trend Analysis: In order to analyze the trend for each benchmark, the most recent 4 years of data are presented. A trend was considered to be improving if performance improved for the most recent 2 years. If the pattern was not consistent for 2 consecutive years, we included the performance for a third year in our analysis. If there was still no consecutive 2-year pattern, we compared the performance in the earliest year presented with the most recent year.

An "incomplete" indicates that the data to determine a trend is not available. An "n/a" indicates that the data for comparison to other states is not available.

Comparison to the National Average: The analysis of "better" or "worse" than the national average is based on whether California performed better or worse during the most recent year for which data are available.

The overall percentage for each category is calculated by averaging California's state rank for which data is available.



Acknowledgments

Children Now would like to express our gratitude to all individuals, organizations, State of California and federal agencies who contributed their knowledge, technical assistance and resource materials towards production of <u>California</u>: State of Our Children, 1995. We are especially grateful for the invaluable insight and guidance provided by Children Now Policy Advisors (listed on page 34) in the development of this document. In addition to those already credited for the information outlined in this document, we would like to thank the following for their assistance in data collection and clarification:

Association for Bay Area Governments (ABAG)
California Child Care Resource & Referral Network
California Head Start Association
California Homeless and Housing Coalition
California Youth Authority
Center for the Vulnerable Child

Child Abuse Council

EdSource

Metropolitan Transportation Commission/ABAG Library National Committee for the Prevention of Child Abuse

National Criminal Justice Reference Service

Policy Analysis for California Education (PACE)

The American Humane Association, Children's Division

U.S. Department of Health and Human Services, Administration of Children and Families, Office of Family Assistance

Western Center for Law and Poverty

We would like to acknowledge certain individuals whose patient response and repeated assistance to our information requests were greatly appreciated.

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Sarah Andrade Nancy Austin Ray Bacon Marie Benedetto Linda Birke Brenda Brown Robert Brown Deane Calhoun Fay Cowgill Tricia Clark DePressa Coleman Bonnie Collins Michael R. Cousineau Richard Diaz Sharon Eghigian Jared Fine Les Fujitani Emma Garcia Sara-Jane Gilb

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Nina Grotch Rachel Guerrero Mike Harold Paula Higashi Rod Hinkle Penny Howell Fran Kipnis ZoAnn Laurente Richard A. Lovelady Jeanne S. Ludwig Vince Mandella Donna Martin Casey McKeever Barbara Miller Elisa Nicholas Jackie Nod Marco Orlando Richard Owen Marion Porter Charlotte Ray

Rick Saletta Carlene Schmidt Mertie Shelby Jim Shepherd Sandra Ŝilva **Brian Smith** Bonny Southwick Sherman Spears Lee Stomalyck Levi J. St-Mary Kathy Styc Susan Thompson Laurie True Melvin H. Voyles Mary Wakefield Steve Wirtz Rosa Wright



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The <u>California</u>: State of Our Children 1995 reflects the efforts of all Children Now staff. In particular, Amy Abraham and Suzie Jacinthe conducted the principal research, writing and analysis. Lois Salisbury, Stephanie Brady, Lorena Hernandez, Margaret Lyons Pena and Judith Reigel contributed to the overall development of concepts and design. Patty Bulena, Sheri Dunn Berry, Sandra Gross and Sandra Simpson-Fontaine served as editors. Lastly, Demetrio Roldán assisted in the layout of the document.

Children Now would like to thank its supporters and its colleagues, who as individuals and as collectives, actively engage in multiple efforts to improve the quality of life for *all* of America's children.



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